

## Application Data Sheet

## **Application Information**

Application number::

Filing Date::

**Application Type::** Regular

**Subject Matter::** Utility

### Suggested classification::

### **Suggested Group Art Unit::**

## CD-ROM or CD-R??::

Number of CD disks::

### **Number of copies of C**

## **Sequence Submission::**

## Computer Readable Form

### **Number of copies of CRF::**

### Title..

# USING FOURIER TRANSFORM SPECTROSCOPY

Attorney Docket Number:: 040092-031700US

## **Request for Early Publication:: No**

**Request for Non-Publication::** Yes

**Suggested Drawing Figure::**

## Total Drawing Sheets::

**Small Entity?::** No

**Latin name::**

## Variety deno

Petition included?::

**Petition Type::**

Licensed US G

### Contract or Grant Numbers

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name:: Lee  
Family Name:: Kendrick  
Name Suffix::  
City of Residence:: Foster City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 468 Transom Lane  
City of Mailing Address:: Foster City  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Eric  
Middle Name:: H.  
Family Name:: Smith  
Name Suffix::  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1493 Myrtle Avenue  
City of Mailing Address:: San Jose

State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 95118

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

### **Foreign Priority Information**

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::